



Community Development Department – Planning Division  
10770 West Oakland Park Boulevard, Sunrise, FL 33351  
P: 954.746.3270 F: 954.746.3287  
AskZoning@sunrisefl.gov

## Extended Hours License Renewal Application

Business Name: \_\_\_\_\_

Business Location (Address): \_\_\_\_\_

Sunrise, Florida \_\_\_\_\_ (zip code)

Business Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Original License Approval Date: \_\_\_\_\_ Resolution No.: \_\_\_\_\_

1. Describe any change in use of the facility since the last Extended Hours License was issued. If none, write “no change” in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe any change in hours of operation of the facility since the last Extended Hours License was issued. If none, write “no change” in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_

3. Describe any change in ownership and/or management personnel of the facility since the last Extended Hours License was issued. If none, write “no change” in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach a completed criminal background check authorization form for **each** new owner/manager. Include a check for the applicable fee for **each** authorization form.

5. Indicate current staffing and minimum hours for off-duty police or security officers.

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6. Describe any change in security measures since the last Extended Hours License was issued.

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7. Participation in the State of Florida Responsible Vendor training per Section 561.701-706, Florida Statutes is required. Please execute the affidavit within this packet attesting to the fact that your establishment is enrolled in the program. Additionally, provide a list of current employees and records of all employee training since the last Extended Hours License was issued which satisfies the State of Florida Responsible Vendor Act.

8. Licensee must continue to comply with terms of original license approval (City Commission Resolution) and with Section 3-11 of City Code (including posting signs for free taxicab/towing and maximum capacity and conducting a "last call" 15 minutes before closing).

Check here to confirm compliance with the original license approval and Section 3-11.

9. Include a check for the application renewal review fee made out to The City of Sunrise or pay in person by cash or credit card (Visa, MasterCard or Discover).

**By signing this Extended Hours License Renewal Application form I attest that all information contained herein is true.**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of person authorized to sign for Business

\_\_\_\_\_  
Title

**ADDENDUM TO LICENSE  
APPLICATION FORM**

In accordance with various Sunrise City Code Sections (including subsection 3-11(a)(2) for extended hours licenses and 7-304(b) for pain medication licenses), a criminal background check of required persons including all owners, managers, operators or any other party with a proprietary interest in the establishment as required by the applicable process, shall be conducted in order to provide assurances that such persons have not been previously convicted of criminal offenses, and shall sign all paperwork necessary to enable the City to perform said background check.

**Business Name of License Applicant:** \_\_\_\_\_

**Name of Owner, Manager, Operator or Person with proprietary interest (as described above):**

\_\_\_\_\_  
Last First Middle

Person's Home Address: \_\_\_\_\_

Home Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Social Security Number \*:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Permission is granted to the City of Sunrise to investigate and verify criminal history and any information provided on this and successive documents completed in compliance with the application process of the applicable license. In return for consideration of the application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year).

\_\_\_\_\_  
Signature of Applicant

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

\* Consistent with Florida Statutes pertaining to public records, please note that your social security number and driver's license number will be protected from disclosure to the fullest extent of the law. **Social Security Number Collection Disclosure Statement:** Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests the Social Security Number (SSN) of persons associated with pain medication licenses pursuant to 7-304(b) and persons associated with extended hours applications pursuant to City Code Section 3-11(a)(2). In compliance with state and federal law, this statement serves to notify you of the purpose for the collection, release and usage of your Social Security Number (SSN). Pursuant to Florida Statute 119.971(5)(a)2.a., the City requests and uses your SSN only for the following purpose: to conduct a criminal background check in connection with your application for an extended hours license / pain medication license in performance of the City's duties and responsibilities pursuant to section 3-11(a)(2) / section 7-304(b) of the City Code or Ordinances, which is imperative to the performance of the City's duties and responsibilities as prescribed by law. Disclosure of your SSN is voluntary and is authorized by Florida Statute 119.071(5)(a)(6)b. and c. In order to protect your identity, the City will secure your SSN from unauthorized access and strictly prohibit the release of your SSN to unauthorized parties contrary to state and federal law. By signing this application, I hereby acknowledge receipt of this Statement and authorize the disclosure and use of my SSN for the limited purposes stated above.

**AFFIDAVIT OF OWNER, MANAGER, OR AGENT  
Participation in the State of Florida Responsible Vendor Program**

I, \_\_\_\_\_(as the owner or the authorized agent), for the Establishment known as \_\_\_\_\_, specifically located at \_\_\_\_\_, and recorded in the Broward County Public Records in Plat Book \_\_\_\_\_, Page \_\_\_\_\_ being first duly sworn, depose and say that I am the owner, manager, or agent of the Establishment described in the above application for an extended hours license. Furthermore, I attest that my establishment currently participates in the State of Florida Responsible Vendor Program.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

State of Florida  
County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_